

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
02-009

2. STATE
ALASKA

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

AUG 12 2002

4. PROPOSED EFFECTIVE DATE
July 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1902 (r)(2) and 1931 of the Social Security Act
42 CFR 435.1007(e)

7. FEDERAL BUDGET IMPACT:
a. FFY 02 21,460.00 \$0
b. FFY 03 21,460.00 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 8a to ATTACHMENT 2.6-A, Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supplement 8a to ATTACHMENT 2.6-A, Page 1

10. SUBJECT OF AMENDMENT:

1902 (r)(2) income exemptions of the Alaska Permanent Fund Dividend.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Does not wish to comment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Bob Labbe

13. TYPED NAME:

Bob Labbe

14. TITLE:

Director, Division of Medical Assistance

15. DATE SUBMITTED:

16. RETURN TO:

Division of Medical Assistance

P.O. Box 110660

Juneau, AK 99811-0660

17. DATE RECEIVED: AUG 12 2002

FOR REGIONAL OFFICE USE ONLY

18. DATE APPROVED: SEP - 3 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL - 1 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

157

21. TYPED NAME:

Burns Butterfield

22. TITLE:

ASSISTANT REGIONAL ADMINISTRATOR

23. REMARKS:

DIVISION OF MEDICAL ASSISTANCE

8/9 Juneau

**MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT**

Section 1902(f) State ☐

Non-section 1902(f) State ☒

- I. For all individuals who are eligible to receive a state supplementary payment under section 1902(a)(10)(A)(ii)(IV) of the Act, for qualified Medicare beneficiaries under section 1902(a)(10)(E) of the Act, and for working disabled individuals under section 1902(a)(10)(A)(ii)(XIII) of the Act, the following more liberal income methodology is used to determine eligibility:
- a. Payments received from the Alaska Longevity Bonus Program are excluded entirely for qualified Medicare beneficiaries, recipients of a state supplementary payment, and working disabled individuals to the extent which the payment does not cause the total gross income to exceed 300% of the supplementary security income benefit rate as established under Section 1903(f)(4)(C) of the Act.
- II. Dividend and benefit payments received from the Alaska Permanent Fund Dividend Program are excluded from consideration as income for all mandatory and optional Medicaid eligibility categories.
- III. For poverty level children covered under the provisions of sections 1902(a)(10)(A)(i)(IV), (VI), and (VII) and 1902(a)(10)(A)(ii)(IX), the following more liberal income methodology is used to determine eligibility:
- a. An income disregard equal to 17 percent of the federal poverty guidelines for the appropriate household size is applied if the child is less than 6 years of age. An income disregard equal to 50 percent of the federal poverty guidelines for the appropriate household size is applied if the child is age six or older.